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## **Improving access to health and social services for individuals experiencing, or at risk of experiencing, homelessness: a systematic review**

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# Improving access to health and social services for individuals experiencing, or at risk of experiencing, homelessness: a systematic review

**Sarah Miller, Ciara Keenan, Jennifer Hanratty**

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*Submitted to the Coordinating Group of:*

☐ Crime and Justice

☐ Education

☐ Disability

☐ International Development

☐ Nutrition

☐ Food Security

☒ Social Welfare

☐ Methods

☐ Knowledge Translation and Implementation

☐ Business and Management

☐ Other:

*Plans to co-register:*

☐ No

☐ Yes ☐ Cochrane ☐ Other

☒ Maybe

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## **Title of the review**

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Improving access to health and social services for individuals experiencing, or at risk of experiencing, homelessness: a systematic review

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## **Background**

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Homelessness is a multifaceted issue with outcomes that are as complex and unique as the individual who is experiencing life without stable housing. Those people who are currently experiencing homelessness have a much greater risk of poorer physical and mental health than the general population (Homeless link, 2014), and so the requirement to access health and social care (HSC) services is increased.

Accessing HSC services when homeless is extremely difficult for a myriad of reasons. First, there are many countries in the world without a free health care system and homeless individuals will need to prioritise food and shelter over their basic HSC needs. Second, there can be difficulties associated with registering for HSC services due to practical issues such as providing documentation or a current address or telephone number. Third, issues with the location of the HSC services may be an additional barrier to those without access to transport. Fourth, it may be that there is a lack of HSC services to meet an individual's needs, or if not, there may be a waiting list that delays a person's access to the service they require. Fifth, the individual may be someone who has multiple HSC needs and might find it impossible to access all the services they require as the disordered nature of life can make managing appointments problematic. Finally, people experiencing homelessness experience high levels of prejudice and discrimination (Weng & Clark, 2018) and so fear of these pervasive attitudes and behaviours, coupled with low confidence and self-esteem may ensure that those who require HSC services avoid accessing them.

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## **Policy relevance**

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Globally homelessness is rising and there is a significant need to identify and combine all relevant interventions which aim to improve access to HSC services. To ensure that policymakers avail of the most robust and rigorous evidence to date, a Systematic Review of the literature is required.

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## **Objectives**

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1. What is the effect of interventions to improve access to health and social services on outcomes for individuals experiencing or at risk of experiencing homelessness?
2. Who do access interventions work best for?
  - a. Young people/older adults?
  - b. Males/Females?

- c. Other sub groups or populations?
3. What implementation and process factors act as barriers or facilitators to intervention delivery?
4. Is implementation fidelity related to the effectiveness of the intervention?

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## **Existing reviews**

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This systematic review will be based on evidence already identified in two existing evidence and gap maps (EGMs) commissioned by the Centre for Homelessness Impact (CHI) and built by White, Saran, Teixeira, Fitzpatrick and Portas (2018). The EGMs present studies on the effectiveness and implementation of interventions aimed at people experiencing, or at risk of experiencing, homelessness.

The EGMs identified various systematic reviews which assess the effectiveness of interventions to improve both physical and mental health in homeless populations (Hwang, Tolomiczenko, Kouyoumdjian & Garner, 2005; Speirs, Johnson & Jirojwong, 2013; Thomas, Gray & McGinty, 2011) and reducing homelessness (Fitzpatrick-Lewis, et. al., 2011; Munthe-Kaas, Berg & Blaasvær, 2018) but fewer focus on those interventions which seek to improve access to HSC services. The author will outline those systematic reviews which synthesise the literature around interventions to improve access to HSC services and how they are different from the proposed review.

## **Restricted by intervention**

Three reviews have included only those interventions which use social networking sites to improve access to HIV prevention services. First, A systematic review by Capurro and colleagues (2014) identified 73 studies. However, as they focussed on a general population of participants described as 'difficult to reach' only two studies which focussed on homeless youth were included (Rice, Tulbert, Cederbaum, Barman Adhikari & Milburn, 2012; Young & Rice, 2011). Similarly, a second systematic review (Lim, Wright, Carrotte & Pedrana, 2016) of 47 studies found only one which included a homeless population (Rice et al., 2012). Thirdly, in a systematic review which located 58 social network based interventions (Ghosh et al., 2017) five were on homeless men and youths. However, as the review included other outcomes such as drug adherence and patient retention, of the five studies included on the population of interest to this review, none were associated with access to services.

Another systematic review identified by the map did centre on a homeless population (McInnes, Li & Hogan, 2013). However, it focussed on their access to information technologies such as mobile phones and the internet. The authors do conclude that this access to technology will improve access to HSC, but this was not tested within the review.

## **Restricted by population**

Three reviews have included only specific subsets of the homeless population. First, a review by Hudson and Colleagues (2016) included nine qualitative studies which focussed on access to services of those individuals requiring palliative care, while another systematic review of 62 studies (Brown, Rice, Rickwood & Parker, 2016) focussed on those individuals requiring mental-health care only. Third, a systematic review of 12 studies conducted within the European Union (de Vries et al., 2017) focussed on access to diagnostic and treatment services for tuberculosis patients.

## **Restricted by outcome**

Finally, although a systematic review of five studies exists which has similar objectives to the current review (Health Quality Ontario, 2016), one of the inclusion criteria is more limited than the current review. Authors retrieved only those interventions that would improve access to a primary care provider (a physician, a nurse, or a nurse practitioner). This review will be wider in scope and seek to improve access to all HSC services, not just primary care.

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## **Intervention**

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Interventions that will be included within this systematic review will be those with an explicit objective of improving access to HSC services, not the services themselves. HSC services will vary immensely according to factors such as resources available in each jurisdiction and/or the specific needs of the individual experiencing homelessness. Some examples of interventions may include:

- those which seek to improve access or rate of referral to a GP or nurse,
- interventions which seek to improve collaboration between statutory, community and voluntary organisations offering HSC services
- those which improve the timeliness of access to all HSC services,
- interventions which inform individuals on the services available,
- interventions which seek to educate HSC professionals on improving access for individuals experiencing, or at risk of experiencing, homelessness.

Comparison conditions will include services as usual or alternative services/intervention.

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## **Population**

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This systematic review on access to HSC services will focus on all individuals who are currently experiencing, or at risk of experiencing homelessness irrespective of age or gender. The included studies will include populations from high-income countries. Homelessness is defined as those individuals who are sleeping 'rough' (sometimes defined as street homeless), those in temporary accommodation (such as shelters and hostels), those in insecure

accommodation (such as those facing eviction or in abusive or unsafe environments), and those in inadequate accommodation (environments which are unhygienic and/or overcrowded).

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## Outcomes

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The primary outcome will be access to services.

This review will primarily address how interventions can improve access to HSC services of those individuals experiencing, or at risk of experiencing, homelessness.

We have not included the secondary outcomes at this title registration stage. Secondary outcomes will be chosen on the basis of consultation with a range of stakeholders including academic experts and practitioners. This is to ensure that the outcomes chosen for this review will reflect the priorities and concerns of stakeholders and allow for genuine co-production so that the review can be shaped by those who will use the evidence in practice.

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## Study designs

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We will include all study designs where a comparison group is used. This includes Randomised controlled trials, quasi-experimental designs, matched comparisons, other study designs that attempt to isolate the impact of the intervention on access to services using appropriate statistical modelling techniques.

Studies with no control or comparison group, unmatched controls or cross-national comparisons with no attempt to control for relevant covariates will not be included. Case studies, opinion pieces or editorials will not be included.

We will include qualitative studies only if they are conducted as part of a controlled effectiveness study, for example a process evaluation of an RCT.

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## **Roles and responsibilities**

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The review will be undertaken by systematic review specialists within the Campbell UK & Ireland Centre. Dr Sarah Miller will be the Principal Investigator (PI) of the project and will have overall responsibility for its conduct and delivery. This review will be supported by specialist input from Dr Ciara Keenan and Dr Jennifer Hanratty alongside research support from two full time research assistants.

Dr Sarah Miller is the Deputy Director of Campbell UK & Ireland. She is co-chair and co-editor of the Campbell Education Coordinating Group and also Deputy Director of the Centre for Evidence and Social Innovation, within which she leads the What Works in Schools programme of research. She has considerable methodological and statistical expertise, which includes the conduct and analysis of randomised controlled trials as well as systematic reviews and meta-analyses.

Dr Ciara Keenan has acquired six years' experience working across 15 systematic reviews. Ciara is co-convenor of Campbell's Information Scientist Network; methods editor for Campbell's Education Coordinating Group; and founder and editor of the meta-evidence blog.

Dr Jennifer Hanratty has worked in evidence synthesis since 2012 and published reviews with Campbell, Cochrane and NIHR Health Technology Assessment amongst others. Jennifer is associate Editor with Campbell Education Co-ordinating group, on the editorial board of the Campbell Knowledge Translation and Implementation Group, and represents Campbell UK & Ireland on the advisory board for Evidence Synthesis Ireland.

- Content: CK, JH and SM
- Systematic review methods: CK, JH and SM
- Statistical analysis: CK, JH and SM
- Information retrieval: CK, JH and SM

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This review is funded by the Centre for Homelessness Impact. The review is due to be submitted to the coordinating group by the end of September 2019.

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**Potential conflicts of interest**

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No conflict of interest.

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**Preliminary timeframe**

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- Date you plan to submit a draft protocol: 31 January 2019
- Date you plan to submit a draft review: 27 September 2019